suitable places, will invariably indicate the following result: The pressure in the cortical arteries is always much less than in the carotid, while the pressure in the art. corp. striat. is only slightly less. If we transfer these conditions to man, the fact that the arteries of the large ganglia burst much more frequently than the cortical arteries is accounted for by the former not being protected by special arrangements against the effect of increased pressure like the anastomoses of the cortical vessels. The increase of pressure which occurs so frequently in life, in consequence of emotional disturbance, physical exertion, excessive use of coffee, alcohol, etc., enlarges the diameter and distends longitudinally the walls of the arteries which are especially exposed to it. The frequent recurrence of this process leads gradually in advanced age to atrophy of the muscular coat and miliary aneurisms. A sudden increase of pressure ruptures the aneurism, and this produces the apoplexy. M. explains the attack as being due to the variations in blood pressure, while the anæmia in the cortical arteries accounts for the loss of consciousness and the other general symptoms. As the most rational plan of treatment during the attack he recommends absolute bodily rest, especially the avoidance of any movement of the head, which should be kept elevated. (Neurolog. Centralb., No. 24, 1891.) W. M. L.

CLINICAL.

RELATIONS BETWEEN CHOREA AND EPILEPSY.

According to G. R. Trowbridge, M. D. (Alienist and Neurologist, Jan., 1892) there is an intimate relation between epilepsy and chorea, both being due to disturbances of the motor and intellectual centres of the brain, which differ only in degree of intensity. Chorea predisposes toward epilepsy, and epilepsy toward chorea—the former being more frequent. Chorea in one generation may be transmitted as epilepsy in succeding generations, or epilepsy may appear first and chorea in the following generations. Parental neurotic taint may make one child choreic and another epileptic. The diseases may exist simultaneously, but in these cases, the more violent the chorea the less frequent and severe the epileptic convulsions, and *vice versa;* the more violent the epilepsy the less marked are the choreic movements. In these cases there is also more or less mental impairment.

A. F.

HEREDITARY CHOREA.

Wharton Sinkler, M. D. (Medical Record, March 12, 1892) writes: Hereditary chorea, though resembling in many respects Sydenham's chorea, differs in so many of its features that it is essentially a distinct affection. While as a rule there is remarkable uniformity in the symptoms, there may be variations; for example, in the occurrence of the disease at or before puberty. It is not an invariable rule that if the disease fails to appear in one branch of the family, the descendants of that branch have immunity. The arrest of the movements by voluntary effort is not a distinguishing feature of hereditary chorea, as in some cases voluntary effort aggravates the movements, and there are many instances of Sydenham's chorea in which voluntary effort temporarily arrests the movements. Chorea among the adult insane is a different affection from hereditary chorea with insanity. The evidences at hand indicate that the pathology of the disease is a degeneration of imperfectly developed cells in the motor tract, or in the cerebral cortex and in the cord. The occurrence of the disease at an early age in children of some of the cases recorded is confirmatory of this view.

A. F.

CASE OF TUMOR OF THE PONS.

Dr. P. Watson Williams (Bristol Medico-Chirurgical Journal, Sept., 1891). A boy, aged six years, slightly hydrocephalic, had for a time been observed to be growing tiresome and fretful. Occasionally he would tumble about and fall forward or go around like a top and then fall. Subsequent examination showed the face drawn to the right, internal strabismus, pupils large and inactive, left optic disc blurred, and gait unsteady. These symptoms became more marked. The left leg at times dragged, and later became partially paralyzed. Weakness and twitching of right facial muscles appeared, and paralysis of the right sixth nerve. Vomiting only occurred twice. Then followed weakness of left arm, and later paralysis, dribbling, exaggerated left patellar tendon reflex, and finally death from exhaustion. On autopsy, the whole of the pons was found involved in new growth, being much